

Name(s) of Person(s) Filing: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Daytime/Evening Telephone: \_\_\_\_\_ / \_\_\_\_\_  
 I am / We are parents or grandparents of the ☐ Petitioner or ☐ Respondent  
 Atlas No. (If applicable): \_\_\_\_\_  
 Representing ☐ Self (without attorney) or Attorney for ☐ Petitioner ☐ Respondent  
 (If Applicable) Attorney Name: \_\_\_\_\_  
 Attorney Bar No. \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Case No. \_\_\_\_\_  
**PETITION FOR  
GRANDPARENT VISITATION**

In the Matter of:

\_\_\_\_\_  
 Petitioner in Original Case between Parents

\_\_\_\_\_  
 Name of Grandparent Requesting Visitation

\_\_\_\_\_  
 Respondent in Original Case between Parents

\_\_\_\_\_  
 (If Applicable) Name(s) of Other Grandparent (s) Requesting Visitation

### General Information:

\_\_\_\_\_  
 ATLAS No. (if applicable)

#### 1. Information about me (or us), the Grandparent(s):

Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 County of residence: \_\_\_\_\_  
 Date(s) of Birth: \_\_\_\_\_  
 Occupation(s): \_\_\_\_\_

My / Our relationship to child(ren) for whom I want the VISITATION order:

<input type="checkbox"/>	Parent of Mother of child(ren)	<input type="checkbox"/>	Grandparent of Mother of child(ren)
<input type="checkbox"/>	Parent of Father of child(ren)	<input type="checkbox"/>	Grandparent of Father of child(ren)
<input type="checkbox"/>	Other: (explain): _____		

#### 2. Information about the mother of child(ren)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 County of residence: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

**3. Information about the father of child(ren)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 County of residence: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

**4. Information about other legal guardians of child(ren), if any:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 County of residence: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

**5. Information about children for whom I / We want the visitation order:**

Name: _____	Name: _____
Birthdate: _____	Birthdate: _____
Current Address: _____	Current Address: _____
County of residence: _____	County of residence: _____
Father: _____	Father: _____
Mother: _____	Mother: _____
Name: _____	Name: _____
Birthdate: _____	Birthdate: _____
Current Address: _____	Current Address: _____
County of residence: _____	County of residence: _____
Father: _____	Father: _____
Mother: _____	Mother: _____

**6. Legal Reason why I/We should have visitation order: (check whichever applies)**

- A. ☐ Parents of child(ren) have been divorced for at least 3 months:  
 Date of Divorce: \_\_\_\_\_  
 Court case number: \_\_\_\_\_  
 Name of court: \_\_\_\_\_  
 Court Location/address: \_\_\_\_\_
- B. ☐ Mother OR ☐ Father of child(ren) has been dead for at least 3 months:  
 Date of Death: \_\_\_\_\_
- C. ☐ Mother OR ☐ Father of child(ren) has been missing for at least 3 months:  
 Date parent discovered to be missing: \_\_\_\_\_  
 Date reported to Law enforcement agency: \_\_\_\_\_  
 Name, location of agency: \_\_\_\_\_
- D. ☐ Child(ren) born out of wedlock: \_\_\_\_\_

- E. If you are asking for visitation rights as PATERNAL grandparent(s), that is, you are the parent(s) or grandparent(s) of the father of the children, complete the information below:

**PATERNITY WAS ESTABLISHED BY:** (check one box)

- ☐ A Court Order for Paternity from this county or previously *transferred to* this county. (A.R.S. § 25-502(c))
- ☐ Filing an Acknowledgment of Paternity through the Hospital Paternity Program or other means allowed by law on or after July 21, 1996 (A.R.S. § 25-812-814, or § 36-334).
- ☐ Child Support Order: An Order for Child Support has been issued which names my/our son/grandson as the father. (Supply information about the Order as requested below.)
- ☐ Marriage: Parties were legally married when child(ren) was (were) born, conceived or adopted.  
(Note: A copy of any documents mentioned above should already be in the case file or attached.)

**7. Statements about your relationship with the child(ren) for the last 6 months, and why you think it is best for the child(ren) that you have visitation with them:**

\_\_\_\_\_  
\_\_\_\_\_

**8. Your plan for visitation for the good of the child(ren): (be specific)**\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TRANSPORTATION will be provided by (name):\_\_\_\_\_ as follows: (explain)

During WEEKENDS: (explain specifically)

\_\_\_\_\_  
\_\_\_\_\_

During the SUMMER MONTHS OR SCHOOL BREAKS: (explain specifically)

\_\_\_\_\_  
\_\_\_\_\_

FOR HOLIDAYS AND BIRTHDAYS: (explain specifically)

\_\_\_\_\_  
\_\_\_\_\_

FOR TELEPHONE CALLS: (explain specifically)

\_\_\_\_\_  
\_\_\_\_\_

OTHER: (explain specifically)

\_\_\_\_\_  
\_\_\_\_\_

Case No. \_\_\_\_\_

**Other information about the child(ren):**

**9. Where the child(ren) who is/are under 18 years of age have lived for the last 5 years.** (Attach extra pages if necessary.)

Child's Name \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Lived with \_\_\_\_\_

Relationship to child \_\_\_\_\_

Street address \_\_\_\_\_

City, State \_\_\_\_\_

Child's Name \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Lived with \_\_\_\_\_

Relationship to child \_\_\_\_\_

Street address \_\_\_\_\_

City, State \_\_\_\_\_

Child's Name \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Lived with \_\_\_\_\_

Relationship to child \_\_\_\_\_

Street address \_\_\_\_\_

City, State \_\_\_\_\_

**10. Court cases NOT involving custody or visitation related to the child(ren) under 18 years old.** (check one box) ☐ I HAVE ☐ I HAVE NOT been a party or a witness in court in this state or in any other state regarding issues OTHER THAN custody or visitation of any of the child(ren) named above (If so, explain below, using extra pages if necessary. IF NOT, GO ON.)

Name of each child: \_\_\_\_\_

Court state \_\_\_\_\_ Court location \_\_\_\_\_

Court case number \_\_\_\_\_ Current status \_\_\_\_\_

How the child is involved: \_\_\_\_\_

Summary of any Court Order: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**11. Custody or visitation cases related to child(ren) under 18 years old.** (check one box)

☐ I DO HAVE ☐ I DO NOT HAVE information about a custody or visitation court case relating to any of the children named above that is pending in this state or in any other state (If so, explain below, using extra pages if necessary. IF NOT, GO ON).

Name of each child: \_\_\_\_\_

Court state \_\_\_\_\_ Court location \_\_\_\_\_

Case No. \_\_\_\_\_

Court case number \_\_\_\_\_ Current status \_\_\_\_\_

Nature of the court proceeding: \_\_\_\_\_

Summary of Court order: \_\_\_\_\_

- 12. Custody or visitation claims of any person.** (check one box) ☐ I DO KNOW ☐ I DO NOT KNOW a person other than the Petitioner or the Respondent who has physical custody or who claims custody or visitation rights to any of the children named above. (If so, explain below, using extra pages if necessary. IF NOT, GO ON).

Name of each child: \_\_\_\_\_

Name of person with the claim: \_\_\_\_\_

Address of person with the claim: \_\_\_\_\_

Nature of the claim: \_\_\_\_\_

**Other Statements to the Court:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 13. VENUE:** This is the proper court to bring this lawsuit under Arizona law because it is the county of residence of the petitioner, or the respondent, or the child(ren).

### REQUEST MADE TO COURT:

- (1) For visitation as described above, and  
(2) For such other orders as this court considers just and fair.

### OATH AND VERIFICATION OF GRANDPARENT(S):

STATE OF ARIZONA )  
County of Maricopa )

I(We), the grandparent(s) requesting this Order, being duly sworn and under oath, state that I(We) have read this Complaint/ Petition. All the statements in the Complaint/Petition are true, correct and complete to the best of my(our) knowledge and belief.

SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the  
Requesting party(ies), \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ NOTARY PUBLIC: \_\_\_\_\_